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Public Health Update

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Updates

Strep throat and rapid strep tests

People often get sore throats this time of year. Many sore throats are caused by viruses, but it is wise to determine if a sore throat is caused by bacteria.

The most common bacteria that can cause a sore throat is Group A strep. Strep throat can lead to inflamed kidneys, neurologic symptoms, scarlet fever, or rheumatic heart disease if left untreated (i.e. painful, inflamed joints, a rash, bloody urine, abnormal involuntary movements, and possible damage to the heart valves).

Health care providers should consider the following clinical questions:

1. Is there a fever (typically greater than 102)?
2. Does the patient have tender anterior cervical adenopathy?
3. Does the patient have no cough or a dry cough and/or mild upper respiratory symptoms?
4. Does the patient have a red, painful throat, with enlarged tonsils with or without white exudates or red spots on the roof of the mouth?
5. Has the patient been exposed to anyone known to be positive for strep throat?

Physical exam and history alone are not enough to determine if a sore throat is caused by a bacteria or a virus. While a rapid strep test administered at the point of care can detect Group A strep in 5 minutes, rapid tests do not detect every case of Group A strep or other strains of strep throat. **A negative rapid strep test does not guarantee strep throat is not present.**

A throat culture should be the next step, which will take approximately 48 hours for a result. In the meantime, health care providers may choose to treat empirically with antibiotics for those who have more than 3 out of 5 risk factors or to monitor until the culture returns for those who have 2 or fewer

risk factors. If the culture returns negative, then antibiotics can be stopped.

Rare Disease Day

In the U.S., any disease affecting fewer than 200,000 people is considered rare. There are nearly 7,000 rare diseases affecting nearly 30 million Americans. In other words, almost one in ten Americans are suffering from rare diseases.

Recognized annually on the last day of February, Rare Disease Day was established to raise awareness with the public about rare diseases, the challenges encountered by those affected, the importance of research to develop diagnostics and treatments, and the impact of these diseases on patients' lives.

For more information, visit <http://go.usa.gov/33RGW> or <http://www.rarediseases.org/>

Measles

The United States is currently experiencing a large, multi-state outbreak of measles linked to an amusement park in California. A total of 141 cases have been reported in 17 states. There are no cases in Maine. The last confirmed case of measles in Maine was in 1997.

On January 23, 2015, US CDC issued a Health Advisory to notify public health departments and healthcare facilities about the multi-state outbreak and to provide guidance for healthcare providers nationwide (<http://emergency.cdc.gov/han/han00376.asp>).

Measles is highly contagious and spreads through the air when an infected person coughs or sneezes. Measles can cause serious health complications, such as pneumonia or encephalitis, and even death. Children younger than 5 years of age and adults older than 20 years of age are at high risk of getting a serious case of measles. About 1 in 4 unvaccinated people in the U.S. who get measles will be hospitalized; about 1 in 500 may die.

Guidance for healthcare providers

- Ensure all patients are up to date on measles, mumps, rubella (MMR) vaccine.
- Consider measles in patients presenting with febrile rash illness and clinically compatible measles symptoms (cough, coryza, and conjunctivitis), and ask patients about recent travel internationally or to domestic venues frequented by international travelers, as well as a history of measles exposures in their communities.
- Promptly isolate patients with suspected measles to avoid disease transmission and immediately report the suspect measles case to the health department.

- Obtain specimens for testing from patients with suspected measles, including viral specimens for genotyping, which can help determine the source of the virus. Contact Maine CDC with questions about submitting specimens for testing.

For more information, go to <http://www.cdc.gov/measles/>

Flu

Flu is widespread in Maine. A total of 8 new outbreaks were reported during the week ending February 14, 2015.

Clinical recommendations and guidelines are available in health alerts issued December 5, 2014 (available at <http://go.usa.gov/F4Vd>), January 6, 2015 (available at <http://go.usa.gov/t23C>), and January 15, 2015 (<http://go.usa.gov/JXyY>).

Weekly updates on flu cases are available online:

- for Maine: <http://go.usa.gov/NoK>
- for the US: <http://go.usa.gov/ITB>
- for the world: <http://go.usa.gov/ITK>

Maine CDC reminds everyone to take everyday preventive measures against the flu:

- Wash your hands frequently.
- Cough and sneeze into your elbow or into a tissue. Throw the tissue away.
- Stay home when you feel sick.
- Get vaccinated. To find a flu vaccine in your area, search <http://flushot.healthmap.org/> or contact your health care provider or pharmacy.

If you have the flu:

- Stay home if you are sick, until you are fever-free for a full 24 hours without taking fever-reducing medicine.
- Cough and sneeze into your elbow or into a tissue. Throw the tissue away.
- Contact your PCP if you have signs of the flu to discuss possible treatment with antivirals.
- Although most people can stay home to recover without seeing a health care provider, **it is possible for healthy people to develop severe illness from the flu. Anyone with the flu should seek medical attention for:**
 - Dehydration
 - Trouble breathing
 - Getting better, then suddenly getting a lot worse
 - Any major change in condition

For more information, go to www.maine flu.gov or <http://www.cdc.gov/flu/>

Pertussis (whooping cough)

Cases of pertussis (whooping cough) continue to be reported statewide.

So far this year, 67 cases have been reported in Maine, as of February 17, 2015. The majority of the cases are in school-aged children.

Maine CDC encourages providers who see patients for cough in an outbreak area to treat empirically for pertussis and test. Providers do not need to wait for positive results to return or a 2-week history of cough.

DTaP vaccine is recommended for all infants and children. Tdap vaccine is recommended for all preteens, teens, and adults.

For more guidance and information, visit <http://go.usa.gov/dCO>

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For clinical consultation and outbreak management guidance, call Maine CDC's toll-free 24-hour phone line: 1-800-821-5821

For questions and potential exposure to poison, call the Poison Center's 24-hour phone line: 1-800-222-1222

For road conditions, closures, and detours: call 5-1-1 or visit www.511maine.gov.

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